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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

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Application Number	10/002,603	عنكرم
Filing Date	October 30, 2001	
First Named Inventor	Alexander Gaiger	
Art Unit	1644	
Examiner Name	Ronald B. Schwadron	
Attorney Docket No.	210121.465C6	

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ENCLOSURES (check all that apply)						
Fee Transmittal Form Fee Attached Amendment/Response After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement; Form PTO-1449 Cited References Certified Copy of Priority Document(s) Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 Response to Missing Parts/Incomplete Application	Drawing(s) Request for Corrected Filing Receipt Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Declaration Statement under 37 CFR 3.73(b) Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Return Receipt Postcard Other Enclosure(s) (please identify below): Paper Copy of Sequence Listing; CD-ROM Containing CRF of Sequence Listing; Declaration Regarding Sequence Listing; Copy of Notice to Comply.				
Remarks Remarks						
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Firm Name	Seed Intellectual Property Law Group Pt	LC.	Customer Number 00500			
Signature	Julio Vrvat					
Printed Name	Julie A. Urvater, Ph.D., Patent Agent					
Date	December 21, 2004	Reg. No.	50,461			

CERTIFICATE OF TRANSMISSION/MAILING VIA EXPRESS MAIL

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

E	i "				EXI	PRESS MAIL	NO. EV	/335610969US	
Effective on 12/08/2004.				Complete if Known					
Effective on 12/08/2004. Fact pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			Application I	Application Number 10/002,603					
FEE TRANSMITTAL			Filing Date						
*	for FY 2			First Named	Inventor	Alexander G	aiger		
TRADEMAT	101 1 1 2	.003		Examiner Na	ame	Ronald B. S	chwadro	on	
Applicant claims	small entity sta	itus. See 37	CFR 1.27	Art Unit		1644			
TOTAL AMOUNT O	F PAYMENT	(\$)225		Attorney Do	Attorney Docket No. 210121.465C6				
METHOD OF PAYM	ENT (check al	l that apply)							
Check Cred	dit Card	Money Orde	er 🛮 Othe	r (please identify	y):				
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Warning: Information Provide credit card in					ion should r	not be include	d on this	s form.	
FEE CALCULATION	1								
1. BASIC FILING, S	EARCH, AND	EXAMINAT	ION FEES						
	FILING	FEES	SEAR	CH FEES		NATION EES		•	
		Small Er	ntity	Small Entity	!	Small Entity			
Application Type	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	<u>Fe</u>	es Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM	FEES							Small Entity	
Fee Description						<u> </u>	ee (\$)	Fee (\$)	
Each claim over 20 or	, for Reissues,	each claim ov	er 20 and mo	re than in the orig	ginal patent		50	25	
Each independent cla	im over 3 or, fo	r Reissues, e	ach independe	ent claim more tha	an in the ori	ginal patent	200	100	
Multiple dependent cla	aims						360	180	
Total Claims	Extra Cla	<u>ims</u>	Fee (\$)	Fee Paid	(\$)	Multiple	Depen	dent Claims	
20 or HP	=	Х		=		Fee (\$)	<u>F</u>	ee Paid (\$)	
HP = highest numbe	r of total claim	s paid for, if	greater than 2	0					
Indep. Claims	Extra Cla	ims	Fee (\$)	Fee Paid	(\$)				
-3 or HP		x		=					
——— HP = highest numbe	r of total claim	s paid for if o	reater than 3						
3. APPLICATION S		o paid ioi, ii s	groutor than o						
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4. OTHER FEE(S)	i oi totai ciaiiii	s paid ioi, ii s	greater than 2	.0				Fees Paid (\$)	
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SUBMITTED BY			· · · ·	**					
	10 11		Ra	gistration No.			Γ		
Signature	(plee).	Nato		torney/Agent)	50,461	Telephone	206-62	22-4900 	
Name (Print/Type)	Julie A. Urva	ter. Ph.D. P	atent Agent		-	Date	Decem	nber 21, 2004	

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